

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

10A

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only

1. FILE NUMBER

0 3 9 - 8 8 2

2. PERIOD COVERED

MO DAY YEAR

From 0 1 0 1 2 0 0 0

Through 1 2 3 1 2 0 0 0

3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:

(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:

(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:



IMPORTANT

Peel off the address label from the back of the package and place it here.

If the label information is correct, leave Items 4 through 8 blank.

If any of the label information is incorrect, complete Items 4 through 8.

8. MAILING ADDRESS (Type or print in capital letters.)

First Name

L E O N A R D

Last Name

O' N E I L L

P.O. Box • Building and Room Number (if any)

Number and Street

7 0 2 - C F O R E S T A V E N U E

City

P A C I F I C G R O V E

State

ZIP Code + 4

C A 9 3 9 5 0 - 4 2 2 2

4. AFFILIATION OR ORGANIZATION NAME

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES UNION, AFL-CIO

5. DESIGNATION (Local, Lodge, etc.)

LOCAL

6. DESIGNATION NUMBER

483

7. UNIT NAME (if any)

9. Are your organization's records kept at its mailing address?
(If "No," provide address in Item 75.)

Yes: ☒ No: ☐

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number

11

SCHEDULE ATTACHED

13

SCHEDULE ATTACHED

14

REVIEW OF BOOKS AND RECORDS PERFORMED BY THE OUTSIDE ACCOUNTING FIRM:

MILLER, KAPLAN, ARASE & CO., LLP; E.I.N. 95-2036255

1 EMBARCADERO CENTER, SUITE 1200, SAN FRANCISCO, CA 94111-3617

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:

[Signature]

PRESIDENT

(If other title,
see instructions.)

77. SIGNED:

[Signature]

TREASURER

(If other title,
see instructions.)

3 126 101 (831) 375-2246

Date

Telephone Number

3 126 101 (831) 375-2246

Date

Telephone Number

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period?

1 8 2 3

19. What is the date of your organization's next regular election of officers?

MO		YEAR	
1	1	2	0 0 1

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$

1 0 0 0 0 0

21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees

- | | | | |
|-----------------------|-------------------|-----------|---------------------|
| (a) Regular Dues/Fees | \$ 34.10 - 34.60 | per MONTH | (Month, Year, etc.) |
| (b) Initiation Fees | \$ 75.00 - 120.00 | | |
| (c) Transfer Fees | \$ 0.25 | | |
| (d) Work Permits | \$ 34.10 - 34.60 | per MONTH | (Month, Year, etc.) |

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?

☒

24. Did your organization have any contingent liabilities at the end of the reporting period?

☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 3 9 — 8 8 2

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
ASSETS	25. Cash			1 5 9 8 4 1	2 4 7 4 6 1
	26. Accounts Receivable			0	0
	27. Loans Receivable	1		0	0
	28. U.S. Treasury Securities			0	0
	29. Investments	2		1 2 2 0	1 6 6 9
	30. Fixed Assets	5		1 3 7 8	2 9 1 3 0
	31. Other Assets	3		0	0
	32. TOTAL ASSETS			1 6 2 4 3 9	2 7 8 2 6 0
LIABILITIES	33. Accounts Payable				
	34. Loans Payable	8			
	35. Mortgages Payable				
	36. Other Liabilities	4			
	37. TOTAL LIABILITIES				
	38. NET ASSETS (Item 32 less Item 37)			1 6 2 4 3 9	2 7 8 2 6 0

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 3 9 — 8 8 2

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		6 8 0 7 5 0	56. To Officers	9	1 0 5 7 1 6
40. Per Capita Tax		0	57. To Employees	10	1 1 2 0 4 3
41. Fees		4 7 3 2 0	58. Per Capita Tax		2 2 2 0 4 3
42. Fines		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments		0	60. Office & Administrative Expense	13	6 5 5 0 1
44. Work Permits		0	61. Educational & Publicity Expense ...		0
45. Sale of Supplies		0	62. Professional Fees		3 6 4 8 0
46. Interest		6 1 3 1	63. Benefits	11	6 8 9 8 3
47. Dividends		0	64. Contributions, Gifts & Grants	12	2 2 3 9
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	1 9 0 0	66. Direct Taxes		1 8 7 9 9
50. Loans Obtained	8	0	67. Withholding Taxes		5 1 9 4 7
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	0
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	5 5 0 8 9	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members ...		2 4 6 0
			73. Other Disbursements	15	1 7 3 5 9
55. TOTAL RECEIPTS		7 9 1 1 9 0	74. TOTAL DISBURSEMENTS		7 0 3 5 7 0

FILE NUMBER: 0 3 9 — 8 8 2

SCHEDULE 1 — LOANS RECEIVABLE

Form LM-2 (Revised 2000)

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	2,910
2. Total Book Value	1,669
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	0
7. Total of Lines 2 and 5	1 6 6 9
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 0 3 9 - 8 8 2

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	0
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	0
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 3 9 — 8 8 2

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	25,525	2,127	23,398	
6. Office Furniture and Equipment	29,151	23,419	5,732	
7. Other Fixed Assets	2,565	2,565	0	
8. Totals of Lines 1 through 7	57,241	28,111	2 9 1 3 0	

Enter the Total from Line 8, Column (D) in Item 30, Column (B)


SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. AUTOMOBILE	16,513	0	1,900	1,900
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	16,513	0	1,900	1,900
			7. Less Reinvestments	0
			8. Net Sales	1 9 0 0






Enter the Total from Line 8 in Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 3 9 — 8- 8 2

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	0	0	0
	7. Less Reinvestments		0
	8. Net Purchases		0
Enter the Total from Line 8 in  Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in  Item 34  Item 50  Item 70  Item 75  Item 34					
Column (C)			with Explanation		Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 3 9 — 8 8 2

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. Last Name: D E V E R R A First Name: J U L I U S Title: B U S R E P / P R E S Status: C		3 5 2 0 8	0	1 4 1 4 1	0	4 9 3 4 9
2. Last Name: O N E I L L First Name: L E O N A R D Title: S E C / T R E A S Status: C		5 8 6 9 5	0	1 1 4 9 4	0	7 0 1 8 9
3. Last Name: A L I O T I First Name: G A S P A R E Title: E X E C B O A R D Status: C		0	0	4 1 5	0	4 1 5
4. Last Name: A Z P I L C U E T A First Name: H E C T O R Title: E X E C B O A R D Status: C		0	0	4 1 0	0	4 1 0
5. Last Name: C O N N E R First Name: T E R E S A Title: M C I F T R U S T E E Status: C		0	0	4 0 9	0	4 0 9
6. Last Name: D E V E R A First Name: J O S S I E Title: U N I O N T R U S T E E Status: C		0	0	4 0 9	0	4 0 9
7. Last Name: G I A M O N A First Name: J I M Title: E X E C B O A R D Status: C		0	0	4 1 6	0	4 1 6
8. Totals from additional pages (if any)		0	0	3,291	0	3,291
9. Totals of Lines 1 through 8		93,903	0	30,985	0	124,888
				10. Less Deductions 1 9 1 7 2		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 1 0 5 7 1 6		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 3 9 - 8 8 2

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Last Name: D U P A U L First Name: P A M E L A Position: C L E R I C A L Name of Affiliated Organization:	2 5 4 8 9	0	2 1 9 3	0	2 7 6 8 2
2. Last Name: R A N G E L First Name: S E R G I O Position: R E S E A R C H Name of Affiliated Organization:	2 7 7 9 2	0	5 6 9 7	0	3 3 4 8 9
3. Last Name: H O L T - J E R V I S First Name: S H A R O N Position: C L E R I C A L Name of Affiliated Organization:	3 0 3 5 3	0	2 5 6 1	0	3 2 9 1 4
4. Last Name: K R A J C I N O V I C First Name: I V A N A Position: C L E R I C A L Name of Affiliated Organization:	1 4 6 6 9	0	6 1 9 8	0	2 0 8 6 7
5. Last Name: W E L L E R First Name: M A R K Position: R E S E A R C H Name of Affiliated Organization:	2 7 7 3 5	0	4 5 9 1	0	3 2 3 2 6
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					
8. Totals of Lines 1 through 7	126,038	0	21,240	0	147,278
Enter the Total from Line 10 in Item 57 ⇒			9. Less Deductions 3 5 2 3 5		
			10. Net Disbursements 1 1 2 0 4 3		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 3 9 — 8 8 2

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH BENEFITS - MEMBERS AND EMPLOYEES	MONTEREY CULINARY INSURANCE FUND	40,368
2. PENSION BENEFITS - MEMBERS AND EMPLOYEES	MONTEREY CULINARY PENSION FUND	3,808
3. PENSION BENEFITS - EMPLOYEES	H.E.R.E. I.U. PENSION FUND	14,092
4. PENSION BENEFITS - EMPLOYEES	WESTERN STATES OPEIU PENSION	7,215
5. Total from additional pages (if any)		3,500
6. Total of Lines 1 through 5		6 8 9 8 3
Enter the Total from Line 6 Item 63		


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CONTRIBUTIONS	2,239
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	0
8. Total of Lines 1 through 7	2 2 3 9
Enter the Total from Line 8 in Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. TELEPHONE	8,626
2. SUPPLIES	8,886
3. POSTAGE	4,153
4. PRINTING	4,835
5. RENT	21,223
6. REPAIR AND MAINTENANCE	3,456
7. Total from additional pages (if any)	14,322
8. Total of Lines 1 through 7	6 5 5 0 1
Enter the Total from Line 8 in Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. WITHDRAWAL COST	2,841
2. EMPLOYMENT STAMPS	3,528
3. DEATH BENEFITS	3,500
4. MISCELLANEOUS	45,220
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	0
17. Total of Lines 1 through 16	5 5 0 8 9
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. ADVERTISING AND PROMOTION	2,506
2. ORGANIZING	3,730
3. GRIEVANCES	502
4. MEETINGS AND CONFERENCES	10,516
5. BOYCOTT AND PICKET LINE	105
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	0
17. Total of Lines 1 through 16	1 7 3 5 9
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME:
HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES UNION, AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2000

FILE NUMBER: 0 3 9 — 8 8 2

PAGE 1 OF 4 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name H A L E First Name W I L L I A M Title E X E C B O A R D Status C		0	0	4 1 6	0	4 1 6
Last Name J A C I N T O First Name L U C Y Title U N I O N T R U S T E E Status C		0	0	4 0 9	0	4 0 9
Last Name L A R O T First Name P A Z Title U N I O N T R U S T E E Status C		0	0	4 1 5	0	4 1 5
Last Name T R E M B L E Y First Name E D Title E X E C B O A R D Status C		0	0	4 0 9	0	4 0 9
Last Name I M L A Y First Name N I C O L E Title R E C S E C Status P		0	0	0	0	0
Last Name M U R R A Y First Name D A V I D Title V I C E P R E S I D E N T Status N		0	0	4 1 5	0	4 1 5
Last Name S I N G H First Name V I J A Y Title E X E C B O A R D Status N		0	0	4 0 9	0	4 0 9
Last Name S M I T H First Name C L A U D I A Title E X E C B O A R D Status P		0	0	0	0	0
Totals		0	0	2 4 7 3	0	2 4 7 3

ORGANIZATION NAME:

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES UNION AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2000

FILE NUMBER: 0 3 9 - 8 8 2

PAGE 2 OF 4 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>	(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: S M I T H First Name: K A R E N Title: E X E C B O A R D Status: N			0	0	4 0 9	0	4 0 9
Last Name: W R I G H T First Name: J E A N Title: E X E C B O A R D Status: N			0	0	4 0 9	0	4 0 9
Last Name: _____ First Name: _____ Title: _____ Status: _____							
Last Name: _____ First Name: _____ Title: _____ Status: _____							
Last Name: _____ First Name: _____ Title: _____ Status: _____							
Last Name: _____ First Name: _____ Title: _____ Status: _____							
Last Name: _____ First Name: _____ Title: _____ Status: _____							
Totals			0	0	8 1 8	0	8 1 8

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES UNION, LOCAL 483

LM-2 SCHEDULES
FILE NO. 039-882
DECEMBER 31, 2000

LINE 75 - ADDITIONAL INFORMATION

ITEM
NO.

11 MONTEREY CULINARY INSURANCE FUND; E.I.N. 94-1316350
P.O. DRAWER 536
PACIFIC GROVE, CALIFORNIA 93950

MONTEREY CULINARY PENSION FUND; E.I.N. 94-1652888
P.O. DRAWER 536
PACIFIC GROVE, CALIFORNIA 93950

OFFICE AND PROFESSIONAL EMPLOYEES PENSION FUND; E.I.N. 94-6076144
P.O. DRAWER 668
PLEASANTON, CALIFORNIA 94566

H.E.R.E.I.U. PENSION FUND; E.I.N. 23-7385560
P.O. BOX 588
NAPERVILLE, ILLINOIS 60566

H.E.R.E. LOCAL 483; E.I.N. 94-0307777
702 C-FOREST AVENUE
PACIFIC GROVE, CALIFORNIA 93950

	<u>COST</u>	<u>ACCUMULATED DEPRECIATION</u>	<u>BOOK VALUE</u>
13 DONATED TO SCHOOL: OFFICE FURNITURE & EQUIPMENT	\$ 193	\$ 193	\$ -
13 DONATED TO CENTRAL LABOR COUNCIL: OFFICE FURNITURE & EQUIPMENT	531	531	-
13 TRADED IN TOWARD NEW PHONE SYSTEM	<u>1,450</u>	<u>1,088</u>	<u>362</u>
	<u>\$ 2,174</u>	<u>\$ 1,812</u>	<u>\$ 362</u>

Continuation of LM-2 Labor Organization Annual Report

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES UNION, AFL-CIO
Affiliation or Organization Name

0 3 9 8 8 2
File Number

LOCAL 483
Designation/Number

Page 4 of 4

12/31/2000
Ending Period

Schedule 13 — Office & Administrative Expense

Description (A)	Amount (B)
INSURANCE	4,457
UTILITIES	2,316
MISCELLANEOUS	7,549

Continuation of LM-2 Labor Organization Annual Report

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES UNION, AFL-CIO
Affiliation or Organization Name

0 3 9 8 8 2
File Number

LOCAL 483
Designation/Number

Page 3 of 4

12/31/2000
Ending Period

Schedule 11 — Benefits

Description (A)	To Whom Paid (B)	Amount (C)
DEATH BENEFITS	INDIVIDUALS	3.500

